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## **COVER LETTER**

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aun in a		GROUPLLC	· • • • • • • • • • • • • • • • • • • •	
SUBJEC	T:		ited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ATTN: Pablo H. Goznalez	. Esq	
			Name of Person	<del> </del>
		Pablo Gonzalez Law, PA		
			Firm/Company	
		1188 Commerce Park Dr.	#3003	
			Address	
		Altamonte Springs FL 327	714	
		Pablo@Pablogonzalezlaw.c	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	lication)
For furthe	er information c	oncerning this matter, please c	all:	
Pablo H.	Gonzalez		407 467-1955 at ( )	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ī	Mailing Addres Registration S	Section	Street Address: Registration Sec	
]	Division of C	orporations	Division of Cor	porations

P.O. Box 6327

Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SONNEN GROUP LLC

2020 AUG 21 AH 10: 14

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida L	Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on	_ and assigned
This amendment is submitted to amend the following:	<del>.</del>	
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ad Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · -
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name o	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signatu	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con		• •

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2029 AU: 21 ATHO: 14	Type of Action
AMBR	OSCAR FERNANDEZ DIAZ	1150 DOUGLA FL3.z.	AS AVE #350 ALTAMONTE SPRIN チ 1 ソ	GS
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	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Lock does not meet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	2020
August 17 Dated	· /
August 17 Dated	Signature of a member or authorized representative of a member